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Bib Data Sheet

CONFIRMATION NO. 3757

<b>SERIAL NUMBER</b> 09/931,795	<b>FILING DATE</b> 08/16/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1655	<b>ATTORNEY DOCKET NO.</b> 04844/005005
<b>APPLICANTS</b> Rima Rozen, Montreal West, CANADA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A DIV OF 09/592,595 06/12/2000 WHICH IS A CIP OF 09/258,928 03/01/1999 PAT 6,218,120 WHICH IS A CIP OF 08/738,000 02/12/1997 PAT 6,074,821 Which is a 371 of PCT/CA95/00314 05/25/1995				
<b>** FOREIGN APPLICATIONS *****</b> PCT/CA95/00314 05/25/1995 UNITED KINGDOM 9410620.0 05/26/1994				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 05/30/2002				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>Chen</i> Initials	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 24	<b>TOTAL CLAIMS</b> 24  <b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 21559				
<b>TITLE</b> <i>Methods for Selecting a Therapy for a Subject Suffering from Schizophrenia</i> <i>cDNA for human methylenetetrahydrofolate reductase and uses thereof</i>				
<b>FILING FEE RECEIVED</b> 391	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	